

P. Bookler

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

16561927

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
			IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1				1			51			51		
2					1			52			52		
3					1			53			53		
4					1			54			54		
5					1			55			55		
6					1			56			56		
7					1			57			57		
8					1			58			58		
9					1			59			59		
10					1			60			60		
11					1			61			61		
12					1			62			62		
13					1			63			63		
14					1			64			64		
15					1			65			65		
16					1			66			66		
17					1			67			67		
18					1			68			68		
19					1			69			69		
20					1			70			70		
21					1			71			71		
22					1			72			72		
23					1			73			73		
24					1			74			74		
25					1			75			75		
26					1			76			76		
27					1			77			77		
28					1			78			78		
29					1			79			79		
30					1			80			80		
31					1			81			81		
32					1			82			82		
33					1			83			83		
34					1			84			84		
35					1			85			85		
36					1			86			86		
37					1			87			87		
38					1			88			88		
39					1			89			89		
40					1			90			90		
41					1			91			91		
42					1			92			92		
43					1			93			93		
44					1			94			94		
45					1			95			95		
46					1			96			96		
47					1			97			97		
48					1			98			98		
49					1			99			99		
50					1			100			100		
TOTAL IND.					10			TOTAL IND.					
TOTAL DEP.					47			TOTAL DEP.					
TOTAL CLAIMS					57			TOTAL CLAIMS					